

Undergraduate Psychology Internship Departmental Application

STUDENT INFORMATION

Date Submitted Fill-in the semester you plan to take the course and your class level at that time

NAME: _____ YEAR: _____ SEMESTER: Fall Spring Summer I Summer II

ID#: _____ Grade Level: Junior Senior

Adviser: _____ Adelphi email: _____

Adviser Signature: _____

Registration

☐ Register for Psychology Internship, course # 0501-488

Number of Psychology credits: _____

Have you completed at least 26 credits in Psychology? Yes _____ No _____

Course #0501-245 - Psychological Research completed: Yes _____ Grade: _____ No _____

SUBMIT THIS APPROVAL FORM TO THE ASSOCIATE DEAN OR PROGRAM DIRECTOR (BLH 212)

Kate Fiori, Ph.D - Associate Dean
Dominic Fareri, Ph.D. - Program Director

- Psychology 101
- Psychological Research 245
- 26 Credits in psychology completed
- Good Academic Standing

☐ Reviewed and Approved

CONTACT INTERNSHIP COORDINATOR

☐ Finally, send an email to: feeley@adelphi.edu
and in the subject line put INTERNSHIP CLASS xx SEMESTER (the semester you will be enrolled)

This part to be filled out by Internship coordinator

☐ Review of course

☐ Interview scheduled

- Dress code
- Confidentiality

Date _____ Time _____

INTERNSHIP SITE: _____ ADDRESS: _____

CONTACT NAME: _____

CONTACT TELEPHONE #: _____ Email: _____